U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Managemen and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

Fo	Office Be		Only
(	JUN14		)
E	QUAS	DROP	//

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Nu	umber U-2/37	Sport of		Year Covered From: 01 / 01 / 2004 Throu	igh: 12 / 31 /2004
3. Name and address of person filing.  Name Margaret Bodde		4. Name, Name	file number, and address of labor Directors Guild of	(0)	
				Organization File Number	Store Committee Charles
P.O. Bo	x, Bldg., Room No., if any	menso mano to somet aller	P.O. Bo	ox, Building and Room Number, if	any
Street	110 West 57th	Street, 6th Floor	Street	110 West 57th Stre	eet, 6th Floor
City	New York		City	New York	
State	NY	ZIP Code +4 10019-3319	State	NY	ZIP Code + 4 10019-3319

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).  Name Blues Inc.		7.a. Nature of Interest, Transaction, or Income.  In 2004 I received the payment set forth in 76 below pursuant to a G-Producing Agreement between Blues Inc. (Producer) and myself (Artist) as compensation for services I rendered as co-producer in connection	
P.O. Box, Bldg., Room No., if any	morey or other thing of value	Bottle."	e of hisflureon another interfere comment
	14.n. Nature of payment.	7.b. Amount.	(cctuding year and solitops or complyer or use (cctuding year name, if any)
Street 601 West 26th Street, 17th Floor		\$7,500	
city New York			
State NY	ZIP Code + 4 1000		P.O. Box, Bisg., Room No., if any

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	Mongh
	1 / /

on 05/31/2005

212-258-0860

Date

Telephone Number

File Number IJ-

2/37

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti- (2) any part of which consists of buying from or selling or leasing directly or indi- dealing with your labor organization or with a trust in which your labor organiza-	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer
Street	C. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.